		nute for Fo	m PTO-876	TION .	RECORD	mormation u	Ap	laplaya a valid o	MB control number
	LICATION AS FIL (Column 1)	ED - PAF	RT ((Column 2)		SMALL	. ENTITY	QF	OT SM	HER THAN
FOR. IASIC FEE	NUMBER FILED	2	NUMBER EXTRA	71	RATE (\$)		<u>'</u>		ALL ENTITY
87 CFR 1.18(a), (b), or (d)) EARCH FEE	-				14/11-14/	PEE (8)	-	RATE	FEE (
OT OFR 1.(6(k), (I), or (III)) XAMINATION FEE				71		 	-		
7 OFR 1.16(d), (p), or (q))				11		 	-		
OTAL OLAIMS 17 CFR 1.16(1))	minus 2	i - 1		- -	200	 	-		
IDEPENDENT CLAIMS 7 CFR 1.16(h))	minus 8			- -	x 25=	ļ	OR	× 50	=
	If the specification	and draude	ins exceed 100	-1 1	x /N _			x200	
PPLICATION SIZE	sheets of paper, it is \$250 (\$125 for a	IID GNAHAAN	04 al-a f	11			7		
7 CFR 1.18(s))	aada ()d IBNO)JIVVA I	its or fractio	n Hanist a				1		
JUTIPI E DEPENDENT	00 0.0.C. 41(a)(1)	(G) and 37	CFR 1.16(s).	- -			J		
JLTIPLE DEPENDENT (J L	180		1	360	1
the difference in column	1 is less than zero, em	ter "0" in colu	mn 2.		TOTAL		1 .		
APPLICAT	TION AS AMENDE	ED - PART	TII				1	TOTAL	L
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o C	lumn 1)	(Column :			SMALLE	NTITY	OR	OTHE SMAL	ER THAN L ENTITY
o C RE	CLAIMS MAINING VFTER		PŘESENT	15	SMALL E	ADDI:	OR	SMAL	LENTITY
o C REI	LAIMS MAINING	HIGHEST NUMBER	PŘESENT EXTRA				OR	OTHE SMAL RATE (\$)	ADDI- TIONAL
Total	LAIMS MAINING VETER MDMENT Minus	HIGHEST NUMBER PREVIOUSL PAID FOR	PŘESENT EXTRA			ADD(= TIONAL		SMAL RATE (\$)	LENTITY
Total (Groff 1.46(ii))	ELAIMS MAINING HETER MIDMENT Minus Minus	HIGHEST NUMBER PREVIOUS PAID FOR	PŘESENT EXTRA		RATE (\$)	ADD(= TIONAL	OR	SMAL (\$) × 50 =	ADDI- TIONAL FEE (\$)
Total G7 CFR 1.16(1) Independent G7 CFR 1.16(1) Application Size Fee (:	ELAIMS MAINING HETER HODMENT Minus Minus Minus MICHAEL	HIGHEST NUMBER PREVIOUSL PAID FOR	Y PŘESENT EXTRA	<u>x</u>	25 = 10 V =	ADD(= TIONAL		SMAL RATE (\$)	ADDI- TIONAL FEE (\$)
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Total GT CRR 1.16(1) Independent (BT CRR 1.16(1)) Application Size Fee (ELAIMS MAINING HETER HODMENT Minus Minus TOFR 1.16(s)) HEMOLTIPLE DEPENDEN	HIGHEST NUMBER PREVIOUSL PAID FOR	Y PŘESENT EXTRA	X X X To	25 = 10 V =	ADD(= TIONAL	OR OR OR	RATE (\$) × D = × D ad TOTAL	ADDI- TIONAL FEE (\$)
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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Not His Space is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, and submitting the completed application form to the USPTO. Time will vary depending upon the includial case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.